

**Child Sexual Abuse
Overview
Brainard Hines PhD
Learning objectives for ADAPT meeting**

By the end of the training, participants should be able to:

1. Define sexual abuse and sexual exploitation

Sexual abuse is any sort of non-consensual sexual contact. Sexual abuse can happen to men or women of any age. Sexual abuse by a partner/intimate can include derogatory name calling, refusal to use contraception, deliberately causing unwanted physical pain during sex, deliberately passing on sexual diseases or infections and using objects, toys, or other items (e.g. baby oil or lubricants) without consent and to cause pain or humiliation.

2. Be able to define consent as it applies to sexual abuse and sexual exploitation

The elements of informed consents include informing the individual of the nature of the act possible alternatives, and the potential risks and benefits of the act.

In order for informed consent to be considered valid, the individual must be competent and the consent should be given voluntarily.

3. Contrast child sexual abuse with sexual assault and sexual exploitation

Child abuse is the physical, sexual, emotional mistreatment, or neglect of a child.^[1] In the United States, the [Centers for Disease Control and Prevention](#) (CDC) define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child.^[2]

Coercion is best understood on a continuum—behaviors ranging from non-physical pressure to the use of a weapon—that compel someone to engage in an activity against their will. Coercion becomes sexual assault when the use of threat, intimidation, force, or the victim's mental incapacitation or physical helplessness is used to commit the act against a person's will or without his or her consent. When viewing the spectrum of possible behaviors a person can use to coerce another to engage in sexual activity, it is evident that not all of the behaviors on the spectrum are considered illegal or defined under the or the [Washington State sexual assault statutes](#). However, coercive behaviors can be morally or ethically questionable and undermine the sense of trust and loyalty that is valued in the WSU community. Examples: Being dishonest/insincere in expressing one's desires or saying things to "get sex."

4. Place the study of sexual abuse in a historical context

Historical Overview of Child Sexual Abuse

- Systematic study of child sexual abuse is a relatively recent development-less than 40 years old.
- Identification of child sexual abuse began in the early 1800s, later identified (1890's) by Breuer, Charcot and Janet as the cause of hysteria.
- Use of hypnosis to retrieve "repressed" memories of sexual abuse.
- Treatment dependent on "abreaction".

Charcot and the Study of Hysteria

- Freud was awarded a traveling grant in 1885 to study Charcot's use of hypnotism in the treatment of hysteria.
- Charcot held the view that ideas rather than physical pathology caused hysteria.
- Janet was also present and studying under Charcot, and it is likely that Freud developed an intense rivalry with him.

Early Studies of Hysteria and Child Abuse

- Charcot (1887) described traumatic memories as "parasites of the mind."
- In 1889 Janet documented the link between trauma and dissociation.
- Both Charcot and Janet influenced Freud, who in 1896 published his "seduction theory":
- "The ultimate cause of hysteria always is the sexual seduction of a child by an adult."

History of Trauma Studies-continued

- Link between hysteria and trauma discarded in favor of neurological and psychoanalytic explanations (around 1905).
- The study of childhood trauma basically stopped for the next 65 years.
- One exception: Freud's onetime friend, Ferenczi, who in a 1929 talked about the terror and helplessness of children who experienced interpersonal violence.

Freud and Child Sexual Abuse

- Freud worked with Emil Charcot treating women with dissociative symptoms using hypnosis.
- Published "Etiology of Hysteria", pointing to the frequency of sexual abuse in cases of hysteria.
- Recanted this hypothesis one year later.

Consequences of This Theory for Freud and for Victorian Society

- Freud's rivalry with Janet (both hypothesized trauma as a cause for hysteria).
- Professional ostracism.
- Freud retracted the seduction hypothesis the next year, in favor of the Oedipus complex and the Electra complex.
- Charcot and Janet lived to see their work fall into obscurity.

Janet's Contribution to the Study of Trauma

- Postulated that intense emotional reactions interfere with integration of memory.

- Hypothesized that traumatic memories are stored either as emotions or visual images.
 - Observed that traumatized patients react to reminders of the trauma as they would to the original event.
 - Observed that traumatized patients have problems learning from experience.
- Janet's Contribution to the Study of Trauma-continued
- Validated the experiences of his patients.
 - Did not blame symptoms on lack of willpower or "weak character".
 - Emphasized the "inability to act" and lack of control in the formation of trauma symptoms.
 - Laid the groundwork for the modern study of trauma.

Freud, Charcot and Janet

- Janet began to develop the view that hysterical symptoms were based in childhood trauma and particularly in the inability to act accompanied by high levels neurological arousal (the need to act).
- Freud may have felt that Janet was a threat to his relationship with Charcot and undermined his research and relationship with their mentor.
- Charcot developed the hysterics road show.

Studies in Hysteria

- Freud presented his theories of the causes of hysteria in 1896, including the "seduction theory", that specified that sexual trauma was the cause of hysterical symptoms.
- Freud's paper was received with silence from the audience and a comment from the chairman that this "sounded like a scientific fairytale".

Freud's Later Career

- In 1897, Freud recanted the seduction hypothesis and substituted the concept of infantile instincts and sexual wishes.
- His relationship with Wilhelm Fleiss, who was accused of sexually abusing his (own) son may have also influenced his decision to modify his theory. (Important to note that Freud did not uncover new data between 1896 and 1897.)

Charcot and Janet

- Began trauma based model of psychopathology.
- Pioneered study of trauma-based psychopathology and PTSD, particularly Janet as a condition caused by "the need to act" in extreme circumstances.

- Began first systematic treatment of adult female survivors of sexual abuse.

Freud and child sexual abuse

- “Rediscovered” childhood sexuality, overlooked premature sexualization.
- Invalidated reality of victims’ reports.
- Began “false memory syndrome” controversy.
- Developed treatment model involving frequent and long-term interactions between therapist and client.
- Contributed to cultural denial of child sexual abuse, which lasted until the 1970s.
- Identification of adult sex offenders begins with Women’s Liberation movement (1970’s).
- Focus on adolescent offenders begins in 1980’s.
- Child on child sexual abuse research begins in late 1980’s (Johnson, Freidrich, Gil).
- Treatment of children with sexual behavior problems derives from trauma treatment, sexual abuse treatment and offender treatment (1990’s).

5. Be able to define child sexual abuse as a public health problem

- Until late 1960s, child sexual abuse was thought to be very uncommon (one in one million).
- Father daughter incest as conceptualized by the mental health community was thought to be often initiated by the daughter and not potentially harmful.
- Women’s liberation movement allowed many victims to disclose sexual abuse, mainly perpetrated by individuals known to them
- Increasing incidence reports lead to offender treatment in residential programs. (Am I sick, or am I a criminal?)
- About 19 % of all adult females report a history of rape, about 20 % of males report sexual abuse before 18, and about 30% of females.
- The inclusion of unreported cases is of critical importance since estimates suggest that only 12% of all cases of child sexual abuse) and 16% to 36% of all rapes, including rapes of children, are ever reported to police

Effects of Child Traumatic Stress

- Educational impact

- Lower GPA
- More absences
- More negative comments in permanent record

Child Traumatic Stress is Serious

More than 1 in 4 American children will experience a serious traumatic event by their 16th birthday.

Children with developmental disabilities are 2 - 10 times more likely to be abused or neglected.

Children are at greatest risk of sexual abuse between 7 - 13. Four of every 20 girls will be sexually assaulted before age 18; one or two of every 20 boys.

Child Traumatic Stress and Juvenile Justice

- Criminal/juvenile justice impact
 - Increases risk of arrest as juveniles/adults
 - Increases risk of committing violent crime
 - Increases risk of perpetration of domestic violence
 - Increased risk of problem drug use as an adult

Child Traumatic Stress and Health

- Health impact:
 - Smoking, including early onset of regular smoking
 - Sexually transmitted diseases and hepatitis
 - IV drug use and alcoholism
 - Heart disease, diabetes
 - Obesity
 - Unintended pregnancy
 - Avoidance of preventative care

6. List 5 factors Which May Predispose a Child to be Sexually Abused

- Poor attachment and isolation-lack of protection.
- Depression (particularly with low self-esteem.)
- A history of prior physical or sexual abuse.

- Mental or physical handicap.
- Traumatic sexualization.
- Perceived adult - like sexual behavior.

7. Be able to list five risk factors for rape and sexual assault

- Substance use/intoxication
- Mistaking abusive traits for protection.
- Prior abuse may lead to seeking out high-risk situations.
- Prior history of rape
- Interference with appropriate “love map”, (incest) role reversal with mother.
- Victim-victimizer link.

8. Be able to discuss the relationship between family dynamics and child sexual abuse/ Be able to list three differences between incest offenders and extra familial or pedophilic offenders.

Characteristics of Incest Families

- Tendency to hierarchical power structures, usually with “type A” fathers.
- Poor boundaries between family members, strong boundaries between family and Society.
- Poor definition of roles within the family.
- High likelihood of prior sexual and/or physical abuse in parents.
- Affective dis-regulation, domestic violence, substance abuse.

Characteristics of “Type A” Fathers

- Most common type of father in incest families, probably most common type of batterer.
- Has characteristics of “controlling dependency”.
- Imbalance of power is a necessary precondition for any type of abuse within the family.
- Family structure is linear and hierarchical, with only one parent in control and the spouse treated as another child. (May be more common in certain religious communities.)

Characteristics of “Type A” Fathers-continued

- “Three C’s” Charming, controlling, and charismatic”.
- “Three A’s”-angry, authoritarian and abusive.

- Tend to pick spouses who are dependent and unable to set effective limits for their behavior. The spouse may be a prior abuse victim, or intellectually and or physically handicapped. (Codependent)

- Undermines and attacks spouse's sense of self-worth-physical and social isolation.

Characteristics of "Type A" Fathers-continued

- Never wrong, does not tolerate dissent.
- Low frustration tolerance, coupled with obsessive need to control their possessions.
- Frequent substance abuse issues, exacerbating affective dysregulation.

- Hypersensitive to competition from male children.

Characteristics of "Type A" Fathers-continued

- Overly determined need to nurture, expects "payback".
- Financially controlling, keeps spouse in relationship.
- "Whore/Madonna complex".
- Hypersexual and sexually aggressive, may have many extramarital affairs.
- Poor boundaries within the family, strong boundaries outside the family.

Characteristics of "Type A" Fathers-continued

- Like other hostile individuals, perceives self as victim, particularly of spouse.
- Hypersensitive to injustices in the environment.
- Strong narcissistic traits and feelings of entitlement.
- Numerous cognitive distortions and self justifications (always right.)

Characteristics of "Type A" Fathers-continued

- Sexual contact with daughter begins at about age of seven and continues into teens or until disclosure.
- Sexual abuse is accompanied by favoritism and sometimes romance.
- Disclosure often caused by fathers jealousy of daughter's other relationships.
- Often suicidal or homicidal after disclosure.
- Good treatment prognosis after removal from the family, although this may be an artifact of reportage .

"Type A" fathers' effects on victims and siblings

- Extreme ambivalence, ranging from love to fear.

- Symptoms of complex trauma syndrome, particularly rooted in issues of authoritarian control and witnessing abuse of other family members (survivor guilt).
- Impaired ability to respond appropriately to similar males, poor dating choices.
- Hypersensitivity to mood of others, including therapists.
- Anger at mother often greater than anger at father.
- Abusive family may subject all family members (especially children) to symptom producing conditions-these are not limited to the "identified victim or victims".
- In PTSD the family can mediate the effects of trauma, where in complex trauma syndrome the family is often the source of the trauma.
- Perpetrator has adult arousal
- Lower reported recidivism

8. Be able to list for differences between PTSD and the symptoms of chronic childhood trauma
Acute Stress Disorder:

- One or more symptom(s) lasts for a minimum of 2 days and a maximum of 4 weeks

PTSD:

- One or more symptom(s) occurs more than 1 month post event

Post-traumatic Stress Disorder

1. Re-experiencing

Imagery	Misperceiving danger
Nightmares	Distress when cued
Body memories	

2. Avoidance

Numbing out	Diminished interest
Dissociation	Self isolation
Detachment	

3. Increased arousal

Anxiety	Sleep disturbances
Hyper vigilance	Irritability or quick to anger
Startle response	Physical complaints

Limitations of PTSD Diagnosis

- Conceptualized from an adult perspective
- Developed as a diagnosis via Vietnam vets and adult rape victims

- Focuses on single event traumas
- Fails to recognize chronic and multiple traumas

Limitations of PTSD Diagnosis

- Is not developmentally sensitive
- Many traumatized children do not meet diagnosis or they meet diagnosis of partial PTSD.

Complex Trauma

- new concept, new language
- “Developmental Trauma Disorder”
(van der Kolk, 2005)
- Complex Trauma is:
 - the experience of multiple traumas
 - developmentally adverse
 - often within child’s care giving system
 - rooted in early life experiences
 - responsible for emotional, behavioral, cognitive, and meaning-making disturbances

Consequences of Complex Trauma

- Dysregulated emotions - rage, betrayal, fear, resignation, defeat, shame.
- Efforts to ward off the recurrence of those emotions - avoidance via substance abuse, numbing out, self injury.
- Reenactments with others.

Reenactment

Recreating the trauma in new situations with new people.

Examples:

- after a serious car accident, adolescent begins to drive recklessly
- after rape adolescent becomes hypersexual
- after being physically abused adolescent gets into fist fights

Reenactment

- Recreates old relationships with new people

- Tests the negative internal working model for “proof” that it’s right
 - I am worthless
 - I am unsafe
 - I am ineffective in the world
 - Caregivers are unreliable
 - Caregivers are unresponsive
 - Caregivers are unsafe and will ultimately reject me.

Reenactment

- Provides opportunity for mastery
- Vents frustration and anger
- Mitigates building anxiety
- Contributes to sabotage
- Pushes caregivers/other adults in ways they may not expect to be pushed

Complex Trauma

Domains of Complex PTSD

1. Affect and impulse regulation problems
2. Attention and consciousness
3. Self perception
4. Relations with others
5. Somatization
6. Alterations in systems of meaning

1st Domain - Affect and Impulse Regulation

- Affect intensity - easily triggered, slow to calm
-
- Tension-reducing behaviors - AODA, self injury
- Suicidal preoccupation
- Sexual involvement or sexual preoccupation
- Excessive risk taking

2nd Domain - Attention

- Amnesia - memory loss or gaps
- Dissociative episodes - spacing out or fantasy world
- Depersonalization - “not me”

3rd Domain - Self Perception

Ineffectiveness and permanent damage - can't do anything right, something is wrong with me

Guilt and responsibility/shame

Nobody can understand - alienation, feeling different

Minimizing - “pain competition” or denial

4th Domain - Relationships

Inability to trust

Re-victimization - reenactment

Victimizing others - reenactment

5th Domain - Somatization

Chronic pain - no origin, repeat doctor visits, school nurse

Digestive complaints

Cardiopulmonary symptoms

Sleep problems

6th Domain - Meaning Making

Foreshortened future

Loss of previously sustaining beliefs

Loss of belief in justice and fairness

- young children
- school-aged children
- adolescents

Trauma and Development

- infants and young children evaluate threats to the integrity of their self based on the availability of a familiar protective caregiver
- example: WWII London (Bowlby)
- recent research has determined that threat to a caregiver is strongest predictor of PTSD in children under 5

Complex Trauma Syndrome

- Caused by a history of subjugation to totalitarian control over a prolonged period.
- Adult examples include concentration camp survivors, and prisoners of war.
- Child examples include survivors of physical abuse, sexual abuse and organized sexual exploitation.

Symptoms of Complex Trauma Syndrome - Affect

- Persistent dysphoria (anxiety, dissatisfaction, restlessness, fidgeting-often mistaken for ADD)
- Chronic suicidal preoccupation.
- Self injury.
- Explosive or extremely inhibited anger.
- Compulsive or extremely inhibited sexuality.

Complex Trauma Syndrome Alterations in Consciousness

- Amnesia for traumatic events.
- Transient dissociative episodes.
- Depersonalization and “derealization”.
- Intrusions of traumatic memories or ruminating preoccupation about traumatic events.
- Transient psychotic like episodes and hallucinations.

Complex Trauma Syndrome: Self Perception

- Pervasive sense of helplessness.
- Pervasive guilt, shame, and self blame.
- A sense of defilement or stigma.

- A sense of complete difference from others (no one can understand, nonhuman identity.)

Complex Trauma Syndrome-Perceptions of Perpetrator

- Preoccupation with relationship with perpetrator, including revenge.
- Unrealistic attribution of power to perpetrator.
- Idealization or paradoxical gratitude (Stockholm Syndrome).
- Acceptance of belief system of perpetrator.

Complex Trauma Syndrome - Social Relationships

- Social relationships are characterized by:
 - - isolation and withdrawal
 - - search for rescuer
 - - persistent distrust of others
 - - paradoxically, repeated victimization and failures of self protection (poor social judgment)

Complex Trauma Syndrome –Alterations in Systems of Meaning

- Sense of hopelessness and despair.
- Loss of sustaining faith in individuals, institutions and deity.
- May be related to family's failure to protect.
- Promotes self-interest and exploitation of others.

Stockholm Syndrome

- Term was coined after August 1973 hostage taking of four bank employees in Stockholm. All resisted rescue and befriended their captors.
- Two of the three women married their captors.
- Generally refers to accommodation process which may increase likelihood of the victim survival. Not a diagnostic category.
- Often describes accommodation to family environment by children with sexual behavior problems.

9 .List three differences between children with sexual behavior problems, adolescent sex offenders and adult sex offenders.

Defining "Sexual Behavior Problems"

- Behaviors that involve sexual body parts, which are initiated by the child, and are developmentally inappropriate and /or potentially harmful to themselves or others.

General Definition Of Children with Sexual Behavior Problems

- Children with sexual behavior problems are defined as youth 12 years and younger.
- Although the term “sexual” is used, the intentions and motivations for these behaviors may be unrelated to sexual gratification.

Adolescent Sexual Offender

- Adolescents, 13 to 18 years of age, who engage in illegal sexual behavior, as defined by the jurisdiction in which the offense occurred.
- Adolescents differ from children with sexual behavior problems by age, legal ramifications of the acts, and increasing similarity to adult sex offenders.

Adolescent vs. Pre-adolescent Aggressors

- Older children are more likely to experience sexual arousal at the time of the offense.
- Younger children are more likely to be re-enacting trauma.
- Older children are more likely to use violence.
Younger children are more likely to sexualize needs for affiliation.

Adolescent Pedophilic Offender –Child Victim

- Few prior arrests.
- More often male victim.
- High degree of sexual arousal.
- Rationalization, minimization, denial.
- Distorted perceptions.
- Manipulative, selective, deliberate.
- Poor motivation to change.

Conduct Disordered Adolescent Offender

- Multiple prior arrests for non-sexual crimes -thug.
- Offense often involves force or violence.
- May have an accomplice.
- Disregard for rights of others.
- Disrespect for authority.

● Offense often impulsive, opportunistic.
Conduct Disordered Offender -Continued

- Hyper-masculine, with stereotyped views of men and women's role.
- Engages in power struggles with adults.
- Anger and depersonalization towards females, especially those who are thought to be sexually active.
- Extensive criminal history and substance abuse issues.
- Offense more often on same age acquaintance.

Traumatized Adolescent Sex Offender

- Presents with many symptoms of complex trauma syndrome.
- Childlike and dependent.
- Not chosen for basketball, wimpy.
- "Victim vibes".
- Extensive fantasy life, often of a bizarre nature.

Traumatized Adolescent Sex Offender -Continued

- History of suicidality.
- History of self injury.
- History of engaging in high-risk behaviors.
- History of attachment disorders.
- Frequent diagnosis with ADD or bipolar disorder.
- Often targets child victim, through the use of violence, threats, or coercion.

10 List five instruments which would be appropriate for assessing victims of sexual abuse.

- Dissociative experiences scale
- TSI/TSCC
- CSBI
- MMPI (?)
- Clark sexual history questionnaire

11. List four instruments appropriate for assessing risk in adult and juvenile sex offenders.

ERASOR
JSOAP

Static 99
PCL
RRASOR

12. Name one resource for certification in cognitive behavioral treatment of victims of sexual abuse.

Trauma Focused Cognitive Behavioral Therapy
tfcbt.musc.edu/